

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation FERNANDEZ, MIGUEL B.		3. FEC Identification Number C C90015660
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 121 ALHAMBRA CIRCLE SUITE 1100		
(c) City, State and ZIP Code CORAL GABLES FL 33134		
2. Occupation and Name of Employer (for Individual Filers Only) Chairman MBF Healthcare Partners		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD: FROM / / 10 / 01 / 2015
THROUGH / / 12 / 31 / 2015

6. TOTAL CONTRIBUTIONS..... .00
7. TOTAL INDEPENDENT EXPENDITURES 40234.70

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Michael B. Fernandez	<i>Michael B. Fernandez</i> [Electronically Filed]	03/01/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
FERNANDEZ, MIGUEL B.

Full Name (Last, First, Middle Initial) of Payee Miami Herald Media Company		Date of Public Distribution/Dissemination 12 / 06 / 2015	
Mailing Address 3511 NW 91 Avenue		Amount 10950.00	
City Miami	State FL	Zip Code 33172	
Purpose of Expenditure Ad Buy		Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J. Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		Transaction ID : F57.000001	

Full Name (Last, First, Middle Initial) of Payee The Des Moines Register		Date of Public Distribution/Dissemination 12 / 14 / 2015	
Mailing Address 400 Locust Street Suite 500		Amount 20284.70	
City Des Moines	State IA	Zip Code 50309	
Purpose of Expenditure Ad Buy		Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J. Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		Transaction ID : F57.000002	

Full Name (Last, First, Middle Initial) of Payee Las Vegas Review Journal		Date of Public Distribution/Dissemination 12 / 14 / 2015	
Mailing Address 1111 W. Bonanza Road P.O. Box 70		Amount 9000.00	
City Las Vegas	State NV	Zip Code 89125	
Purpose of Expenditure Ad Buy		Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J. Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		Transaction ID : F57.000003	

(a) SUBTOTAL of Itemized Independent Expenditures.....	40234.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	40234.70